

OFFICE USE
ONLY

CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS

Name of Candidate Kenneth Wayne Jones
Address 232 Boyd St Canton, MS 39046 County Madison
Telephone (Work) 601 918-7410 (Home) 601 859-3438 (Fax) 601 859-7818
Contact Name _____ Email Address KNEXCOMM@aol.com
Office Sought _____ Political Party Democratic

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ☐ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
☐ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	<u>4,250.00</u>	\$ <u>4,250.00</u>	\$ <u>4,250.00</u>
Total amount of disbursements \$	<u>469.40</u> <u>3,271.73</u>	\$ <u>3,741.13</u>	\$ <u>3,741.13</u>
Total amount of cash on hand	\$	<u>508.87</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Candidate)

(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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RECEIVED
JAN 30 2009

Secretary of State
Capitol Office

Name of Candidate or Committee Kenneth Wayne Jones

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jerry Stogner</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>500</u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Business (Check Cashing)</u>		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Optometry Assn</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>500</u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dr. Larry Rouff</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>100</u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Optometrist</u>		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Capitol Advocacy</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>500</u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee Kenneth Wayne Jones
 Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MD Eye Political Actn</u>	___/___/___	\$ <u>1000</u>
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wal-Pac</u>	___/___/___	\$ <u>250</u>
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Dental PAC</u>	___/___/___	\$ <u>400</u>
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT+T Pac</u>	___/___/___	\$ <u>500</u>
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Kenneth Wayne Jones
Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Asso For Home Care</u>	___/___/___	\$ <u>500</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code _____	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <u>Value</u> <input type="checkbox"/> Other (please specify) <u>GIF + \$1200.00</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Rudy Warnock (In-Kind)</u>	___/___/___	\$
Mailing Address _____	___/___/___	\$
City, State, Zip Code _____	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	___/___/___	\$
Mailing Address _____	___/___/___	\$
City, State, Zip Code _____	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	___/___/___	\$
Mailing Address _____	___/___/___	\$
City, State, Zip Code _____	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$

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ITEMIZED DISBURSEMENTS

A. Full name <u>Sheraton Hotels</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>12/15/08</u>	\$ <u>216.60</u>
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Legislative Conference</u>	Aggregate Year-to-date	\$
B. Full name <u>Southwest Airlines</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/14/09</u>	\$ <u>252.80</u>
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Legislative Conference</u>	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$